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PTO/SB/05 (11-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. **TKA0029** HIROSHI KIMURA First Inventor SEMICONDUCTOR DEVICE, ITS MANUFACTURING METHODO. Title

Express Mail Label No. (Only for new nonprovisional applications under 37 CFR 1.53(b))

EL731384914US

| See MPEP c                                                                            | APPLICATION ELEMEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | ADDRESS TO:                                               | <b>Box Patent</b>                                                                                                                                                                  | Commissioner for Patents<br>Application<br>n, D.C. 20231                                                                                                                                  | <u></u> |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| □ I Fee                                                                               | e Transmittal Form (e.g., PTO/S<br>bmit an original, and a duplicate for fe                                                                                                                                                                                                                                                                                                                                                                                                         | B/17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)          |                                                           |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| 2. Apr                                                                                | olicant claims small entity status<br>a 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Nucleotide and/or Amino Acid Sequence Submission     (if applicable, all necessary) |                                                           |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| 3. Spe<br>(pre<br>- Dr<br>- C<br>- Sr<br>- R<br>or<br>- B<br>- B<br>- B<br>- D<br>- C | ecification [Total ferred arrangement set forth below) escriptive title of the invention ross Reference to Related Appl tatement Regarding Fed sponso eference to sequence listing, a a computer program listing app ackground of the Invention rief Summary of the Invention rief Description of the Drawings etailed Description laim(s) bstract of the Disclosure  awing(s) (35 U.S.C. 113) [Total eclaration [Total Copy from a prior applica (for continuation/divisional with | ared R & D able, a | a. b.  c.  9.   10.  11.  12.  13.  14.   15.                                       | Specification Se  i.                                      | quence L<br>ROM or C<br>r<br>ts verifyin<br>G APPI<br>ers (cove<br>Statemen<br>ssignee)<br>on Docur<br>losure<br>(PTO-144<br>ndment<br>Postcard (<br>all y itemize<br>for claimed) | D-R (2 copies); or  ag identity of above copies  LICATION PARTS  r sheet & document(s))  t  Power of Attorn  ment (if applicable)  Copies of IDS  Citations  (MPEP 503)  do)  Cocument(s) |         |
|                                                                                       | named in the prior ap<br>1.63(d)(2) and 1.33(b                                                                                                                                                                                                                                                                                                                                                                                                                                      | ached deleting inventor(s)<br>plication, see 37 CFR<br>).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16.                                                                                 | Request and Ce<br>(b)(2)(B)(i). App<br>or its equivalent. | licant mu                                                                                                                                                                          | under 35 U.S.C. 122<br>st attach form PTO/SB/35                                                                                                                                           | ;       |
|                                                                                       | plication Data Sheet. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | J                                                         |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| or in an Applica Col Prior a For CONTINU                                              | INTINUING APPLICATION, che tition Data Sheet under 37 CFR 1.76: Intinuation Divisional polication information: Examiner IATION OR DIVISIONAL APPS on the considered a part of the disc incorporation can only be relied                                                                                                                                                                                                                                                             | Continuation-in-part                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (CIP) of                                                                            | prior application N  Group / Ar  or application, from     | o.: t Unit which an                                                                                                                                                                | oath or declaration is sup                                                                                                                                                                | plied   |
| reference. The                                                                        | e incorporation can only be relied                                                                                                                                                                                                                                                                                                                                                                                                                                                  | pon when a portion has                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deen maay                                                                           | creating contract to                                      |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 19. CORRESPON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DENCE                                                                               | ADDICESO                                                  |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| <b>X</b> Custor                                                                       | ner Number or Bar Code Label (Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 00832<br>sert Customer No. or Atta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | or  <br>label here)                                       | Corre                                                                                                                                                                              | espondence address below                                                                                                                                                                  |         |
|                                                                                       | Michael S. Gzybowski                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                           |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| Name                                                                                  | Baker & Daniels                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                           |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
|                                                                                       | 111 East Wayne Street                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                           |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| Address                                                                               | Suite 800                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     |                                                           |                                                                                                                                                                                    |                                                                                                                                                                                           |         |
| City                                                                                  | Fort Wayne                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IN                                                                                  | Zip                                                       | Code                                                                                                                                                                               | 46802                                                                                                                                                                                     |         |
| Country                                                                               | USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (219) 424-                                                                          | 8000                                                      | Fax                                                                                                                                                                                | (219) 460-1700                                                                                                                                                                            |         |
|                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | gistration No. (Attor                                     | nev/Agent)                                                                                                                                                                         | 32,816                                                                                                                                                                                    | \       |
| Name                                                                                  | (Print/Type) Michael S. Gzybowski                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | 3.00 ano., 110. (Allo)                                    | T                                                                                                                                                                                  | April 18, 2001                                                                                                                                                                            | 1       |
| Signat                                                                                | ure ////charl                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5 anhour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                                           | Date                                                                                                                                                                               | April 10, 2001                                                                                                                                                                            | •       |

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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| FEE TRANSMITTAL                             | Complete if Known    |                |  |  |  |
|---------------------------------------------|----------------------|----------------|--|--|--|
|                                             | Application Number   |                |  |  |  |
| for FY 2001                                 | Filing Date          |                |  |  |  |
|                                             | First Named Inventor | Hiroshi Kimura |  |  |  |
| Patent fees are subject to annual revision. | Examiner Name        |                |  |  |  |
|                                             | Group Art Unit       |                |  |  |  |

Attaman Dealest No

| TOTAL AMOUNT OF PATMENT                                                                          | \$750.       | ••                                          | Allon         | iey Do               | CKELI       | VO. TRAUU                               |                              |                  |             |
|--------------------------------------------------------------------------------------------------|--------------|---------------------------------------------|---------------|----------------------|-------------|-----------------------------------------|------------------------------|------------------|-------------|
| METHOD OF PAYMENT                                                                                |              |                                             |               | FE                   | E CALCULA   | TION (con                               | tinued)                      |                  |             |
| 1. The Commissioner is hereby authorized to condition indicated fees and credit any overpayments | harge<br>to: | 3. A[<br>arge E                             |               | ONAI<br>Small E      |             | S                                       |                              |                  |             |
| Deposit Account 02-0385                                                                          |              | Fee<br>Code                                 | Fee           | Fee<br>Code          | Fee<br>(\$) |                                         | escription                   |                  | Fee Paid    |
| Number Deposit                                                                                   |              | 105                                         | 130           | 205                  |             | Surcharge - late  <br>Surcharge - late  |                              |                  | ar []       |
| Account Name Baker & Daniels                                                                     |              | 127                                         | 50            | 227                  |             | sheet                                   |                              | iiiig icc oi cov |             |
| Charge Any Additional Fee Required                                                               |              | 139                                         | 130           | 139                  |             | Non - English spo<br>For filing a reque |                              | te reexaminatio  | on [        |
| Under 37 CFR §§ 1.16 and 1.17  Applicant claims small entity status.                             | Ī            | 112                                         | 2,520<br>920* | 112                  | 920*        | Requesting publi                        |                              |                  |             |
| See 37 CFR § 1.27                                                                                |              | 113 1                                       | 1,840*        | 113                  | 1,840*      | action<br>Requesting publi              | cation of SIF                | R after Examine  | er          |
| 2. Payment Enclosed:  Money  Money                                                               | Other        |                                             | 110           | 215                  |             | action<br>Extension for rep             |                              |                  |             |
| Check Credit card Order                                                                          | - Olitor     | 115<br>116                                  | 390           | 216                  |             | Extension for rep                       |                              |                  |             |
| FEE CALCULATION                                                                                  |              | 117                                         | 890           | 217                  | 445         | Extension for rep                       |                              |                  |             |
| 1. BASIC FILING FEE                                                                              |              | 118                                         | 1,390         | 218                  | 695         | Extension for rep                       | oly within fou               | rth month        |             |
| Large Entity Small Entity Fee Fee Fee Fee Description                                            | e Paid       | 128                                         | 1,890         | 228                  | 945         | Extension for rep                       | oly within fifth             | n month          |             |
| Code (\$) Code (\$)                                                                              | 710.00       | 119                                         | 310           | 219                  | 155         | Notice of Appeal                        |                              |                  |             |
| 101 710 201 355 Utility filing fee 106 320 206 160 Design filing fee                             | 7 10.00      | 120                                         | 310           | 220                  | 155         | Filing a brief in s                     | upport of an                 | appeal           |             |
| 107 490 207 245 Plant filing fee                                                                 | ==           | 121                                         | 270           | 221                  | 135         |                                         |                              |                  |             |
| 108 710 208 355 Reissue filing fee                                                               |              | 138                                         | 1,510         | 138                  | 1,510       | Petition to institu                     | ite a public u               | ise proceeding   |             |
| 114 150 214 75 Provisional filing fee                                                            |              | 140                                         | 110           | 240                  | 55          | Petition to revive                      |                              |                  |             |
| SUBTOTAL (1) \$710.00                                                                            |              | 141                                         | 1,240         | 241                  | 620         | Petition to revive                      | e - unintentio               | nal              |             |
|                                                                                                  |              | 142                                         | 1,240         | 242                  | 620         | Utility issue fee (                     | (or reissue)                 |                  |             |
| 2. EXTRA CLAIM FEES Fee from                                                                     |              | 143                                         | 440           | 243                  | 220         | Design issue fee                        | •                            |                  |             |
| Extra Claims   below   Fee Paid                                                                  |              | 144                                         | 600           | 244                  | 300         |                                         |                              |                  |             |
|                                                                                                  |              | 122                                         | 130           | 122                  | 130         |                                         |                              |                  |             |
| Claims Multiple Dependent                                                                        |              | 123                                         | 50            | 123                  |             | Processing fee                          |                              |                  |             |
| Large Entity Small Entity                                                                        |              | 126                                         | 180           | 126                  | 180         | Statement                               |                              |                  |             |
| Fee Fee Fee Fee Fee Description Code (\$) Code (\$)                                              |              | 581                                         | 40            | 581                  | 40          | Recording each<br>(times number of      | patent assign<br>properties) | inment per pro   | perty 40.00 |
| 103 18 203 9 Claims in excess of 20                                                              | 1            | 146                                         | 710           | 246                  | 355         | Filing a submiss<br>(37 CFR § 1.12      |                              | al rejection     |             |
| 102 80 202 40 Independent claims in exc<br>104 270 204 135 Multiple dependent claim,             | 1            | 149                                         | 710           | 249                  | 355         | For each addition                       | nal inventio                 | n to be examine  | ed          |
| 109 80 209 40 ** Reissue independent cl                                                          |              | 179                                         | 710           | 279                  | 355         | Request for Cor                         |                              | mination (RCE)   |             |
| over original patent                                                                             |              | 169                                         | 900           | 169                  | 900         |                                         | edited exam                  | ination          |             |
| 110 18 210 9 ** Reissue claims in exce<br>and over original patent                               | ss of 20     | of a design application Other fee (specify) |               |                      |             |                                         |                              |                  |             |
| SUBTOTAL (2)                                                                                     | \$0.00       |                                             |               |                      |             |                                         |                              | <u></u>          |             |
| **or number previously paid, if greater; For Reissues,                                           | *Re          | duced                                       | by Basi       | ic Filing            | Fee Paid    | SUBTO                                   | TAL (3)                      | \$40.00          |             |
| SUBMITTED BY                                                                                     |              |                                             |               |                      |             |                                         | Complete (i                  | if applicable)   |             |
| Name (Print/Type) Michael S. Gzybowski                                                           |              |                                             |               | ration N<br>ey/Agent |             | 32,816                                  | Telephone                    | (219             | 9) 424–8000 |
| Signature Michael 5 By                                                                           |              |                                             | ~             | -                    | •           |                                         | Date                         | April            | 18, 2001    |

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| CERTIFICATE OF I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MAIL" (37 CFR 1.16                      | Docket No.<br>TKA0029                |                           |
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| Serial No. Filing Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         | Examiner                             | Group Art Unit            |
| vention: SEMICOND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | UCTOR DEVICE, ITS MANUF.                | ACTURING METHOD AND EL               | ECTRODEPOSITION FRAME     |
| I hereby certify that the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | e following correspondence:             |                                      |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (Identify type                          | e of correspondence)                 |                           |
| is being deposited wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | , , , , , , , , , , , , , , , , , , , , | rice "Express Mail Post Office to    | Addressee" service under  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                                      |                           |
| 37 CFR 1.10 in an env                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | e anni                                  | ant Commissioner for Patents, V      | Vasimigion, D.O. 2020 Con |
| APRIL 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0, 2001                                 |                                      |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | MICHELLE L.                          | NEAL                      |
| APRIL 1 (Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         | (Typed or Printed Name of Person M   |                           |
| COMP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | (Signature of Person Mailing         | Correspondence)           |
| i in the state of |                                         | EL73138491                           | 4US                       |
| <u>-</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | ("Express Mail" Mailing L            | abel Number)              |
| Book Good No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                      |                           |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                                      |                           |
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| <b>PATENT</b> | <b>APPLICATION</b> | <b>SERIAL</b> | NO |  |
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## U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

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